

**MINUTES  
of the  
SIXTH MEETING  
of the  
LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE**

**November 28-30, 2005  
Room 322, State Capitol  
Santa Fe**

The sixth meeting of the legislative health and human services committee was called to order by Senator Dede Feldman, vice chair, on November 28, 2005 at 9:20 a.m. at the state capitol in Santa Fe.

**Present**

Rep. Danice Picraux, Chair  
Sen. Dede Feldman, Vice Chair  
Rep. William "Ed" Boykin  
Rep. Keith J. Gardner (11/28, 11/29)  
Sen. Steve Komadina  
Rep. Jim R. Trujillo

**Absent**

Sen. Rod Adair  
Sen. Mary Kay Papen

**Advisory Members**

Sen. Sue Wilson Beffort  
Rep. Ray Begaye  
Rep. Miguel P. Garcia  
Rep. John A. Heaton  
Sen. Gay G. Kernan  
Sen. Linda M. Lopez  
Rep. Antonio Lujan  
Rep. James Roger Madalena  
Rep. Rick Miera  
Sen. Gerald Ortiz y Pino  
Rep. Edward C. Sandoval  
Sen. Leonard Tsosie (11/29)  
Rep. Gloria C. Vaughn

Rep. Gail Chasey  
Rep. Kandy Cordova  
Sen. Clinton D. Harden, Jr.  
Sen. Timothy Z. Jennings  
Rep. Terry T. Marquardt

(Attendance dates are noted for members not present for the entire meeting.)

**Staff**

Karen Wells  
Lisa Barsumian  
Ramona Schmidt  
Jeremy LaFaver

## **Guests**

The guest list is in the meeting file.

## **Monday, November 28**

### **SJM 50 - Grandparents Raising Grandchildren**

Mary-Dale Bolson, secretary of children, youth and families, Liz McGrath, executive director of Pegasus legal services for children, and Patsy Trujillo-Knauer, deputy secretary of aging and long-term services, presented the findings and recommendations in the SJM 50 final report (written report submitted). Among the findings were that:

- 52 percent of New Mexican grandparents living with their grandchildren had primary responsibility for their grandchildren; this situation is more prevalent among Hispanics and Native Americans;
- over one-third of these grandparents have had primary responsibility for their grandchildren for over five years;
- 28 percent of the grandparents live in poverty; and
- 52 percent of the grandparents live in Bernalillo county, 37 percent live in Dona Ana, McKinley, Sandoval, San Juan and Santa Fe counties, and 11 percent live in the remaining counties.

SJM 50 recommendations include the following:

1. creating a standing committee on grandparents and kinship caregivers and an advisory committee under the direction of the children's cabinet at a cost of \$75,000 for staff, travel and advisory group support;
2. creating a kinship caregivers' web site at a cost of \$80,000;
3. creating a state fund of \$250,000 to allow the children, youth and families department (CYFD) to contract for legal services to assist kinship caregivers in legal actions;
4. training human services department (HSD), public school and CYFD staff on benefits for which kinship caregivers and their children are eligible;
5. training public school staff about the federal McKinney-Vento Act; and
6. supporting the initiative of the federal Courts Improvement Act and CYFD to improve training of those in the judicial and social services system on the benefits of preserving family connections.

Thea Guerin, a case manager with the grandparents and relatives outreach (GRO) program at university of New Mexico children's hospital, spoke on behalf of one of the program's clients. The client is raising her three-year-old granddaughter whose parents are in prison. The girl was not socially or intellectually developed for her age when her grandmother took her in. The grandmother has health problems, relies on public transportation and works as a full-time housekeeper earning \$300 to \$800 per month, depending on the number of hours worked. She has received a caregiver affidavit and legal guardianship from the state. However, by becoming her granddaughter's legal guardian, she has lost certain state benefits.

In response to a question by Senator Ortiz y Pino about eligibility for temporary assistance for needy families (TANF) benefits, Secretary Bolson responded that state law now takes into account the income of guardians, which does adversely affect the working poor. Senator Feldman asked if this situation was due to state law, to which Secretary Bolson responded that state law was changed in 2001 to include this income. The person's income, and not the person's status as a legal guardian, is the factor when applying for child-only TANF benefits. A guardian also is ineligible to receive the child care subsidy if the guardian's income is over 150 percent of the federal poverty level (FPL). CYFD is seeking to raise the eligibility percentage. It was noted that foster parents receive \$400 per child, but also must go through state training. Senator Kernan asked under what circumstances a child is sent to foster care. The response to that question: the state first looks for relatives; if unsuccessful, then foster care is used. Representative Begaye asked about Native American families, to which Secretary Bolson responded that Native American families often have informal arrangements and that a lot of misinformation prevents these grandparents from applying for TANF. Many grandparents do not have money for legal advice and are afraid of losing their grandchild or grandchildren. One of the SJM 50 recommendations is to provide legal support. Senator Feldman asked about applicability of the McKinney-Vento Act, a federal law that requires homeless children to be enrolled in a public school. Grandparent-raised grandchildren fall into that definition. State law also allows a grandparent to enroll a child in public school, but school staff are not uniformly knowledgeable about the state law. It was suggested that the public education department needs to better inform school staff on state law. Representative Miera supported the web site recommendation. Senator Komadina questioned the \$80,000 cost of developing the site and the cost associated with the proposed standing committee and asked Secretary Bolson to revisit those figures.

## **HM 22 - Supplemental Wage Support and Benefits to Child Care Workers**

Secretary Bolson presented the findings and recommendations in the final report on HM 22 (written report submitted). Following are findings included in the report.

- New Mexico has approximately 8,000 child care workers (referred to as "early care and education professionals" in this report) who earn an average of \$15,000 annually or an average hourly wage of \$7.20 per hour.
- There are 400 licensed day care centers. Licensees now receive a certain number of stars indicating the quality of early childhood programs provided at the center.
- There are 8,500 registered home providers.
- Stability in a child's child care setting is especially important if there is instability at home.
- Approximately 25,000 New Mexican parents receive state child care subsidies.

Regarding wage supplements, the final report recommends a bonus once every six months based on the education level and experience of the child care worker. Regarding benefits, the final report recommends providing health insurance coverage through the state coverage initiative and subsidizing the premium costs of either the employers or the employees or both at an estimated initial cost of \$1 million. Representative Miera expressed his concern about losing

education assistants (EAs) in the public school system to the child care system since the federal No Child Left Behind Act requires EAs to have associate degrees. Secretary Bolson pointed out that EAs work 6.5 hours per day for nine months and receive benefits while child care workers work 10-hour days for 12 months without benefits. Representative Sandoval pointed out that the legislature may be considering an increase in the minimum wage and that the potential negative impact of a wage increase and proposed bonuses on a worker's eligibility for other benefits should be considered.

### **Medicaid Six-Month Reenrollment Requirement**

A physician and president of the New Mexico chapter of the American pediatric society spoke on the importance of children having a "medical home". The medicaid reenrollment requirement works against this concept and interferes with establishing continuity of care.

### **Hunger and Food Insecurity**

Clark deSchweinitz, chair of the task force to end hunger; Laurel Wykoff, director of the New Mexico association of food banks; and Pam Roy, representing the New Mexico food and agriculture policy committee, addressed the committee on the status of hunger in the state. Mr. deSchweinitz (written material submitted) asked that the task force be allowed to continue its work and that \$38,000 be appropriated to fund a hunger coordinator position in the HSD. The \$38,000 state appropriation would be matched with federal food stamp funds. During 2006, the task force would like to assess the size and shape of the state's hunger problem and the impact of high energy prices and recruit greater involvement of the private sector. Ms. Wykoff (written material submitted) provided an overview of the association and its activities. Formed in 2000, eight food banks are members of the association. The food banks distribute 31 million pounds of food each year that is valued at \$46 million. The association procures fruits and vegetables that are distributed to 761 feeding programs, most of which are faith-based. Five food banks participate in the food for kids programs, where food is sent home with students in their backpacks. Fifty-five schools are served with a goal of serving all Title I schools. The association is requesting a \$600,000 appropriation in 2006, having received only \$400,000 in 2005. The association is also advocating passage of "New Mexico Harvest for New Mexicans", which includes a request for \$600,000 to promote use of locally grown foods. Ms. Roy explained the work of the policy committee, which includes working on the school nutrition rules legislation.

Senator Feldman asked about the status of the hunger coordinator position and was told that the position has not been filled in fiscal year 2006 and the funds for the position need to be extended into fiscal year 2007. Representative Vaughn asked if there are food bank services in Otero county and was told that there are such services. Senator Ortiz y Pino asked about the status of universal school breakfast and was told that \$450,000 would be requested to fund that initiative. Representative Garcia asked about the supplemental food program and was told that 23,000 families are served per month. The number of boxes of food a family can receive and the frequency depend on the available supplies of each individual food bank. The recent natural disasters have reduced USDA supplies by 20 percent. Representative Garcia also asked about

encouraging families to produce their own food on available land, to which Ms. Roy responded that her organization was involved in that type of effort. Representative Sandoval asked if \$600,000 would be adequate to account for the impact of the recent disaster and if that amount would leverage other funds. Ms. Wykoff responded that they are still in the middle of that impact and that each state dollar will purchase \$77.00 worth of goods. Representative Sandoval advised the presenters to ask for the full amount they need and get that amount included in the agency's budget request. Senator Komadina commented that he does not necessarily support the universal school breakfast concept and cited the example of the Pueblo of Zuni. Representative Miera commented that he wants to coordinate the universal school breakfast funding request during the upcoming session.

A quorum now being present, minutes from the previous committee meeting were approved without objection.

### **Immunization and Pandemic Update**

Karen Sakala, representing the New Mexico immunization coalition, made a presentation on the status of child immunization in the state. She noted that immunizations are the most cost-effective protection and New Mexico has improved from number 43 to 15 in state rankings for immunizations. New Mexico is one of five states that offers universal vaccine. Representative Miera asked the reason for the improvement and was told that shot team nurses, mini-grants and local coalitions are all responsible for the improved ranking. There is no charge for shots if the shots are provided through public health clinics.

Dr. Mack Sewell, state epidemiologist with the New Mexico department of health (NMDOH), discussed the threat of pandemics. He explained that it takes eight to nine months to develop a new vaccine and that, in some cases, a better strategy may be to treat a patient once infected than to vaccinate. NMDOH has a pandemic plan but is still assessing local needs. He noted that the state has a strong public health network.

Dr. Paul Ettestad, NMDOH veterinarian, provided an overview of the avian flu (written material submitted). A national coordinated surveillance program, like the one in place for West Nile virus, is being formed.

Senator Kernan asked about flu vaccine distribution and was told that NMDOH has little control over the distribution, but local health departments are being asked to take the lead in determining local availability. There was a discussion on the economics of vaccine production. A number of vaccine manufacturers have left this business and Senator Komadina noted that liability exposure has had an impact.

### **Public Comment**

Dan Richey, representing the New Mexico early childhood alliance, expressed support for a pilot project for the wage supplement for child care workers.

## **Malpractice Issues - SM 7**

Mr. Kevin McMullan, with the New Mexico health policy commission, provided an overview of consensus items of the SM 7 task force. One item is support for creation of a joint underwriting association to cover those health care providers who are unable to obtain malpractice coverage in the private insurance market. A second item is support for sending a letter to Pam Hyde, secretary of human services, to request an increase in reimbursement for obstetrical services. The task force disagreed on the extent of the malpractice insurance problem and the impact of rising premiums on service delivery. Presentations were made to the committee by representatives of each provider group that served on the task force.

Susan Stalls, representing the New Mexico chapter of the American college of nurse midwives, said this organization has experienced a doubling in malpractice premiums and reduced reimbursements. There are no longer obstetricians and gynecologists in Las Vegas or Grants. There have been six cases since 1990, all of which were settled. Nurse midwives are not included under the current malpractice statute, which requires the providers to have occurrence-based insurance.

Connie Koshewa, representing the New Mexico midwives association, pointed out that in the 2005 legislative session three options were proposed to address malpractice coverage for midwives: inclusion under the existing malpractice statute, requiring managed care organizations to cover at-home births and allowing midwives to participate in the state liability insurance plan. The low number of midwives is too small a risk pool to be underwritten by private insurance. Managed-care organizations and the state medicaid program claim they are exposed to a vicarious liability problem although the midwives claim that both entities are insured against vicarious liability. No home-birth insurance is available anywhere in the United States. The midwives support passage of legislation that mirrors the Medical Malpractice Act; the use of vouchers by medicaid and managed care organizations to cover their services; and bringing midwives under the state liability insurance plan.

Sharon Hensley, representing certified registered nurse anesthetists (CRNAs) noted that, although CRNAs are included in the patient compensation fund statute, the only insurance company that writes the occurrence policies required by the statute requires CRNAs to be employed by a physician. The majority of CRNAs are not employed by physicians and therefore cannot qualify for this insurance coverage. Over half the hospitals in New Mexico are staffed with only CRNAs. Like the midwives, CRNAs support passage of a statute that mirrors the medical malpractice statute.

Chris Tapia, representing the New Mexico health care association, noted that liability insurance premiums for nursing homes have doubled over the past five years. The higher premium policies include much higher deductibles.

Dr. Kathleen Blake, representing the New Mexico medical society, stated that the presumption for the task force was that a malpractice crisis exists in New Mexico, but this

situation is not true for all providers. Provider-specific data is needed to determine provider-specific solutions. Dr. Blake explained the history of the Medical Malpractice Act, passed in 1976, and how the medical society and trial lawyers association are required to cooperate under the law. Data are used for each medical specialty, the parties work with the insurance carriers to hold the carriers accountable for their rates and the process is data-driven. The patient compensation fund, required by the Medical Malpractice Act, has a balance of \$38 million and needs \$44 million to be actuarially sound. The integrity of the fund is very important and allowing additional providers to access the fund is of concern. The medical society recommends a provider-by-provider analysis.

Steve Durkovich, representing the New Mexico trial lawyers association, stated that the task force never got to the point of reviewing data. His group wanted to obtain information on the number and severity of claims and the basis for the increase and to know whether providers are practicing outside their legal scope of practice, whether claim estimates are inflated and if the crisis was created in search of higher profits. Non-admitted insurers do not have to file reports with the state so that information is hard to gather. The situation in surrounding states was never researched.

Representative Picraux asked for clarification of the problem being experienced by CRNAs, which was explained to her. She also asked if nurse midwives have independent practices and was told that a nurse midwife is supervised, but not employed, by a physician. Nurse midwives can obtain malpractice insurance, but insurance premiums have doubled. Midwives cannot obtain malpractice insurance at all. Mr. Durkovich pointed out that CRNAs pay a \$5,000 malpractice premium while anesthesiologists pay \$25,000 to \$30,000. Dr. Blake explained that an occurrence-based policy is more costly because a provider is covered forever, compared to a claims-made policy where, at the end of the policy, the provider must pay to cover the so-called "tail" of liability that exists after the conclusion of coverage. Asked by Representative Picraux if physicians are having problems finding occurrence-based policies, Dr. Blake said that certain specialties, such as obstetrics, surgery and neurosurgery, have had increasing premiums. Senator Feldman inquired about the effect of the statute of limitations and was told that obstetrical care premiums are higher because the statute of limitations does not apply until age 18; for other cases, the limit is three years. Senator Kernan pointed out that occurrence insurance coverage is an affordable option for medical malpractice insurance for the state of New Mexico, an observation with which Senator Komadina agreed. Senator Kernan asked if the non-physician providers would be willing to pay into the patient compensation fund. Ms. Stalls responded that the nurse midwives have decided against seeking to be added to the Medical Malpractice Act and the fund and are pursuing a mirror act instead. Senator Beffort asked why the managed care organizations did not participate in the task force and was told that those organizations had not been included in the memorial. She also asked about the reimbursement rate for delivery of babies and was told that all providers who do deliveries receive the same rate, which has been increased by \$300. Physicians receive a higher reimbursement for a cesarean section. Senator Komadina asked what the task force was asking of the committee. He was told that the task force did have the two consensus items. The physicians and trial lawyers support looking into

creation of a joint underwriting association for non-physician providers so as not to destabilize the patient's compensation fund. Senator Ortiz y Pino observed that there was really only one consensus item: requesting the HSD secretary to raise medicaid reimbursement rates for deliveries. Representative Sandoval questioned whether the CRNA's situation is actually a turf battle and was told it is not. There was a discussion on the issue of physician supervision. Linda Siegle, who represents nurse midwives, asked that if the committee extends the study, that money be added to support its work. Representative Picraux requested that each provider group submit its own request for legislation.

### **Teen Pregnancy and Comprehensive Sex Education**

Female Albuquerque high school students involved with the young women united program made a presentation to the committee. The group does peer mentoring and is seeking to get comprehensive sex education in high and middle schools. Representative Garcia expressed how impressed he was with the group that had participated in a legislative summit in Albuquerque and had extended the invitation for them to appear before the committee. Senator Ortiz y Pino offered the committee's support for a memorial on the topic. Representative Vaughn asked if schools are not already offering this information and was told that an abstinence-only curriculum does not provide enough information. Senator Lopez observed that people have a difficult time with this subject and that young men also need to be included. A board member of the organization added that comprehensive sex education also helps inform students about sexual violence and its impacts.

### **Tuesday, November 29**

The committee reconvened at the State Capitol in Santa Fe at 9:10 a.m.

### **Health Policy Discussion**

Senator Feldman noted the state has a health policy that was established with the creation of the health policy (HPC) commission in 1995. She recently attended an international health care reform conference, reporting that the United States representatives were interested in equity and access issues while the international representatives were seeking information on cost and quality issues.

Mary Feldblum, representing health security for all New Mexicans, briefed the committee on that coalition. The coalition supports the "Health Security Act" that would set in motion the state of New Mexico setting up its own health plan. As a small population state, this approach could be pursued. The coalition opposes dependence on the federal government and medicaid waivers and placing a state governmental entity in charge of the proposed plan. The plan would include universal coverage and choice of physician. The plan would provide for a three-year phase-in. In the first year, costs would be determined, the details worked out with the consent of the interested parties and the plan would move forward.



Charlotte Roybal, representing health care for all, and consultant Nandini Kuehn presented several health care financing models:

1. the existing health insurance system;
2. a market-based health insurance model that is tax-based and state-administered;
3. a provider-of-choice health insurance model; and
4. a multi-payer government-managed health insurance model.

The group's recommendation is to provide a \$100,000 to \$150,000 appropriation to study these models for use in New Mexico. Secretary Hyde noted that, based on her consulting experience, this amount of money would be inadequate and findings should not be expected before the 2007 legislative session.

Secretary Hyde, appearing on behalf of the insure New Mexico council, reported on the recommendations of that group. She noted that the council's mission is to expand employer-sponsored health insurance coverage and cover more New Mexicans. About 88 percent of New Mexico employers employ fewer than 20 employees. Among the 22 recommendations are:

- covering prenatal care at 235 percent FPL; and
- creating tax credits to provide incentives for employers to acquire or retain health insurance coverage for their employees.

Representative Lujan asked what amount would be necessary for the study if the amount requested is inadequate, to which Secretary Hyde responded around \$500,000. He also asked about mandating employers like Wal-Mart to cover their employees and was told that most employers with over 200 employees do offer coverage. However, part-time employees could be helped by the proposed tax credit but that, ultimately, universal coverage is the solution. Senator Feldman asked about the number of insured children and was told that 40 percent are insured privately, 42 percent are covered through medicaid and 14.5 percent have no coverage. She questioned the assumption that 50 percent of the eligible businesses would take advantage of the tax credit and the advisability of rewarding businesses for what they are currently doing. Regarding the new Nevada law that ties the state minimum wage to health insurance, the committee was told that employers providing health insurance coverage pay \$5.15 per hour while those who do not must pay \$6.15 per hour. Secretary Hyde pointed out that all subsidies are intended to incentivize behaviors. Senator Feldman asked why the small employee insurance program is requesting \$300,000, to which Secretary Hyde explained that the state has been unable to find private sector funds and needs the \$300,000 to start up the program. Representative Trujillo asked about the situation with day workers and immigrant workers and was told that covering more adults under medicaid would help and that individuals are able to purchase coverage under the state coverage initiative, although the poorer the individual, the less likely the individual is to do so. Without a big change in medicaid or the creation of universal coverage, this category of individuals will not be reached. Senator Beffort complimented Secretary Hyde on the work done by the council and asked about the need to expand the scope of

student health centers in treating college students, noting that 2006 is a good year to request nonrecurring appropriations.

Several senators wondered if New Mexico would attract the unhealthy poor if the state becomes the first to offer universal health care coverage and discussed other miscellaneous issues related to universal health care coverage.

### **Public Comment**

An Albuquerque pediatrician reiterated the problem with the six-month recertification requirement, as did a family physician and a representative of the center on law and poverty. Ellen Pinnes commented that the insure New Mexico council had no consumer or union representation and met in secret. Senator Feldman pointed out that there had been a communications workers of America representative on the council although that individual only attended one meeting.

### **Long-term Care**

Debbie Armstrong, secretary of aging and long-term services, reviewed "Rebalancing the System", the long-term services plan for New Mexico. She noted that the report is still in the draft stage and, once finalized, will be distributed to the committee. The draft plan is a conscious direction toward more home- and community-based services (HCBS) and away from institutional care. Secretary Armstrong reviewed the Long-Term Care Services Act guiding principles. She noted the planning process involves a three-pronged approach, including evaluation of New Mexico's current long-term services system, a comprehensive public input process and analysis of national best practices in other states. Review of issues included:

- building the aging and long-term services department (ALTSD) infrastructure;
- expanding and enriching HCBS services options;
- improving collaboration and input across the long-term services delivery system; and
- integration of related, ongoing planning processes.

The number of New Mexicans receiving publicly financed HCBS services has increased over the last five years. Secretary Armstrong shared excerpts from the plan, including the state distribution of medicaid funding in 2005, estimate of long-term services expenditures, availability of long-term services by region and by county, availability of long-term services for children by region and trends in medicaid long-term services spending by county. The challenges faced by the system include:

1. the need for improved access, quality of care, quality assurance and quality improvement mechanisms;
2. inadequate state data to support health reform or monitor system change;
3. transportation;
4. employment;
5. housing;
6. workforce issues; and
7. caregiver support.

Discussion occurred regarding the changing elderly population, policy priorities relating to reports of abuse, and various initiatives and pilot programs that are ongoing.

Kerry Hamilton, ALTSD director of programs and services, spoke to the committee about a federal demonstration project called "naturally occurring retirement communities". She noted that approximately 40 communities are participating in the project, which provides support services to allow seniors in declining health to remain in their own communities. Project sites include Albuquerque, Rio Rancho and the rural community of Fort Sumner. They are requesting \$200,000 to support the project.

### **Alternatives to Medicaid Financing for Long-term Care**

Anne Sperling and Dr. Ron Lucchino addressed the committee regarding alternatives to medicaid financing for long-term care, based on SM 35 from the 2005 legislative session that was not signed. Ms. Sperling reviewed a report by an ad hoc task force. She noted the intent of the task force was to heighten awareness that the New Mexico medicaid budget for long-term care needs to be reserved for the truly "eligible" population and to develop a recommendation and bring forth ideas for public/private partnerships for financing the long-term care needs of New Mexico. The predicament facing New Mexico includes:

- rapidly changing demographics;
- dwindling federal government financial resources for medicaid-sponsored long-term care and the use of medicaid as health insurance for the "middle class";
- rampantly spreading Alzheimer's disease and diabetes that will have a huge financial impact on long-term care services in New Mexico; and
- rising long-term care use and costs.

Long-term care claims experience and long-term care use and costs were reviewed. Possible solutions offered include: private financing through long-term care insurance, annuities, life insurance, employer-offered long-term care insurance and reverse mortgages; and public/private financing through partnerships for long-term care insurance and tax incentives.

Recommendations from the ad hoc task force include:

- passage of a joint memorial to establish a formal study to examine long-term care financing needs of the state on a public and private basis;
- passage of a memorial to designate the HPC as the host of the study; and
- providing funds to the HPC to conduct the study.

It was noted the HPC is receptive to a funded study. Discussion occurred as to the options for individuals. A request was made for \$470,000 for the first year by the geriatric society for 15 additional geriatric centers to be used in conjunction with the telemedicine program at the university of New Mexico health sciences center.

### **Wednesday, November 30**

The committee reconvened at 9:10 a.m.

## **Statewide System of Trauma Care - HM 20**

Dr. Michael Richards made the presentation (written material submitted to the committee) on the condition of the state's trauma care system. In order for trauma care to be effective, a complete system is needed. New Mexico has 35 24-hour emergency rooms and three trauma hospitals. University of New Mexico hospital (UNMH) is the only level I hospital. Santa Fe and Farmington have level III hospitals. New Mexico is at greatest risk of failure due to insufficient funding. There are too many patients, inadequate access to care and too few surgeons and specialty nurses to satisfy on-call demands, and UNMH is losing money on each trauma case since only 74 percent of the cost is recovered. Uncompensated care at UNMH, which treats 2,500 patients annually and has a 94 percent survival rate, totals \$25 million. However, the hospital cannot handle additional trauma patients and preserve this survival rate. There are also big gaps in coverage when New Mexicans are transferred to Lubbock and El Paso for care. The task force is recommending:

- creation of a trauma fund of \$30 million; existing facilities would receive \$15 million and \$10 million would be spent on development of lower-level facilities, including a second site in Albuquerque; the final \$5 million would be spent on trauma system development; and
- creation of a trauma authority modeled after the Emergency Medical Services Fund Act.

Senator Ortiz y Pino asked about the various levels of designation for trauma facilities. He was told that a level I facility, like UNMH, has all specialists, a level II has fewer specialists, a level III has even fewer and a level IV has only an emergency room that is committed to specialize in trauma. There are no level II or IV facilities in New Mexico. Even with the proximity of Texas facilities, the southern and eastern regions of the state are not covered. If facilities in those regions existed, patients could be stabilized and be treated closer to their families. Senator Beffort asked if the \$30 million request is for recurring funds and was told that it is. Representative Sandoval asked if the funds are for capital improvements or personnel and was told by Jeff Dye, representing the New Mexico hospitals and health systems association, that the funds would be used to preserve and improve the existing system. Representative Heaton asked if improving emergency transportation would serve as a substitute for any of the recommendations. He was told that the trauma facilities still need the funds. Representative Garcia questioned whether a formula based on actual trauma occurrences could be used and was told that, with a population growth of two to three percent annually, the numbers continue to rise.

## **Suicide Prevention in Schools - SJM 61**

Dr. Steve Adelsheim, with the NMDOH, explained that a response system has been initiated, training has been expanded, a federal grant has been awarded and that anti-stigma programs are underway. A pilot curriculum has been launched in a few schools that are grant sites. Chris O'Donnell, representing the New Mexico suicide prevention coalition, provided an overview of the coalition's activities and reported that 119, or 33 percent, of the 359 New Mexico suicides in 2004 were individuals between the ages of 10 and 25. Suicide is the third leading cause of death among 10- to 14-year-olds. One in seven high school students say they have considered suicide. A request for \$500,000 is being submitted to address adult suicide. Representative Heaton, whose Carlsbad district has experienced a number of youth suicides,

asked how many suicide victims received medical treatment, to which he was told that all the suicide victims in Carlsbad were receiving medical treatment at the times of their deaths. Representative Sandoval asked if a registry exists of suicidal students and was told there is no such registry.

### **Prescription Drug Use and Abuse in Schools - SJM 52**

Dr. Adelsheim also presented findings of SJM 52 (written material submitted to committee). No recommendations were developed under SJM 52. Senator Beffort observed that physical activity generates endorphins, which provide a similar effect to drugs and that users of Ritalin often move on to illicit drug use.

### **Comprehensive Eye Exams - SJM 39**

Representative Picraux recommended that individual bill sponsors be approached to sponsor the legislation to require mandatory eyesight screening. Representative Begaye offered to sponsor the legislation.

### **Discussion of Legislative Options**

Karen Wells presented a matrix of legislative options that had come before the committee during the course of the interim. The chair explained the process for prioritizing the options. After tallying, the results of the prioritization were presented (attached) and members indicated their support and willingness to sponsor endorsed measures.

The chair thanked the committee for its support and hard work during the interim. The meeting was adjourned at 2:40 p.m.

11/30/05

**LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE  
2006 LEGISLATIVE PRIORITIES**

REQUEST	SPONSORS	TYPE OF REQUEST	APPROPRIATION
<b>Health Reform</b>			
Study of models of comprehensive health care coverage; include health security model	Picraux, Trujillo Feldman, Komadina	Appropriation	\$500,000
			<b>\$500,000</b>
<b>Health Care Provider Issues</b>			
University nursing expansions	Picraux, Vaughn, Boykin Beffort	Appropriations	UNM: \$300,000 NMSU: \$600,000 CNE: \$2,000,000
Nursing recruitment and retention recommendations: 1. IT development 2. Clinical teaching institute	Sandoval, Picraux Komadina	Appropriations	1. \$125,000 2. \$500,000
Increase amounts of possible loan repayments for providers serving in underserved areas (message needed)	Trujillo, Vaughn, Lujan Kernan	Statutory change	Increase up to \$80,000 per award; full appropriation unknown
Increase funding and slots for dental students through WICHE	Beffort	Appropriation and statutory change	\$136,500

REQUEST	SPONSORS	TYPE OF REQUEST	APPROPRIATION
Dental hygiene program start-up in three communities (Las Cruces, Roswell, Las Vegas)	Boykin Komadina	Appropriation	\$1,530,000
Memorial to request study of nursing faculty issues	Garcia	Memorial	
Memorial to continue to study and collect data on malpractice insurance issues	Beffort, Komadina	Memorial	
Create an act to mirror the medical malpractice act, with a JUA to address non-covered providers (message needed)	Picraux	Statutory change	
			<b>\$5,291,500</b>
<b>Behavioral Health</b>			
Crisis intervention training (CIT) for all law enforcement	Vaughn, Sandoval Papen	Appropriation	unknown
Secure psychiatric treatment beds in southern N.M.	Boykin Papen	Appropriation	\$1,700,000
Expand PTSD programs for veterans	Sandoval, Vaughn Ortiz Y Pino, Komadina	Appropriation	\$500,000
Suicide prevention resources for adults, coordination and support	Sandoval Feldman		\$500,000
			<b>2,700,000</b>
<b>Medicaid</b>			
Eliminate six month eligibility and auto-closure for medicaid services (note: Gov. has already done this)	Trujillo Feldman	Statutory change	\$4,800,000 estimated impact to implement

REQUEST	SPONSORS	TYPE OF REQUEST	APPROPRIATION
Fully fund current medicaid program and address added costs of Part D	Trujillo Feldman	Appropriation	\$40,000,000
Increase number served on D&E waiver by 100	Garcia Komadina	Appropriation	\$712,000
Increase number served on DD waiver by 200	Sandoval, Picraux	Appropriation	\$4,000,000
Eliminate medically fragile waiver waiting list	Vaughn Komadina	Appropriation	\$1,000,000
Increase medicaid reimbursement for obstetrics	Komadina, Feldman	Appropriation	unknown
			<b>\$50,512,000</b>
<b>Primary Care and Prevention</b>			
Rural Primary Healthcare Act support (support for safety net clinics)	A. Lujan Beffort	Appropriation	\$3,000,000
Update patient health records at primary care clinics	Sandoval	Appropriation	\$2,400,000
Expand access to mammography and related diagnostic services (BCCEDP)	King, Picraux Jennings	Appropriation	\$300,000
Establish a diabetes education and prevention network	Picraux Altimirano	Appropriation	\$950,000
Statewide Trauma care: 1. Create a trauma fund 2. Develop statewide trauma system	Sandoval, Varela (?) Feldman, Beffort	Appropriation and statutory changes	\$30,000,000



REQUEST	SPONSORS	TYPE OF REQUEST	APPROPRIATION
EMS funding to make up for lost federal grant	Vaughn Altimirano (?)	Appropriation	\$300,000
			<b>\$36,950,000</b>
<b>Prescription Drugs</b>			
Memorial urging the attorney general to sue CMS for the "clawback provision" of medicare part D	Feldman	Memorial	
Fund counseling/assistance to people enrolling in medicare part D (may be included in HB2)	no one volunteered	Appropriation	\$5,000,000
Develop and implement a registry of pharmacy benefit managers in N.M. (message needed)	Trujillo Feldman	Statutory change	
Memorial to continue research and analysis of PBM activities and laws that regulate PBMs; expand to include PDPs	Trujillo Feldman	Memorial	
			<b>\$5,000,000</b>
<b>Long Term Care, Aging and Disability Issues</b>			
Memorial to study long-term care public and private financing needs	no one volunteered	Memorial	
Develop geriatric treatment sites in community health centers	Sandoval	Appropriation	\$460,000
Implement "Money Follows the Person" initiative (message needed)	Picraux, Sandoval, Madalena, Miera	Statutory change	requires no new funding

REQUEST	SPONSORS	TYPE OF REQUEST	APPROPRIATION
Increase provider reimbursement under DD waiver	Fidel Komadina, Papen	Appropriation	\$3,150,000
Move general fund DD providers towards equity with waiver providers	Picraux Fidel (?)	Appropriation	\$355,000
Funding for statewide "211" information and referral services	Trujillo	Appropriation	\$ 419,000
Increase funding for FIT program, including increasing provider rates	Lopez	Appropriation	\$3,000,000
Amend FIT insurance statute to fix problem (message needed)	Cordova Ortiz Y Pino	Statutory change	
			<b>\$7,384,000</b>
<b>Human Needs &amp; Children</b>			
Restore eligibility for child care assistance to 200% of federal poverty level	King Lopez, Feldman	Appropriation	\$ 10,200,000
Implement phased-in wage supplement for child care workers	Picraux Beffort	Appropriation	\$1,000,000
Increase funding for quality child care initiatives (TEACH, AIM High, accreditation)	Miera	Appropriation	\$4,400,000
Continue and increase funding for this pilot, at-home infant care program	Chasey, Picraux Lopez	Appropriation	\$360,000
Create advisory committee on grandparents and kinship care-givers; create a web-site (housed at ALSTD); establish a fund to assist with legal issues	Boykin Feldman	Appropriation	\$405,000

REQUEST	SPONSORS	TYPE OF REQUEST	APPROPRIATION
Restore and increase funding to state food banks; fund New Mexico Harvest program	Sandoval, Vaughn	Appropriation	\$1,200,000
Farm to Table initiatives	Stell Kernan	Appropriation	\$325,000
Fund N.M. Veterans Integration Center for operations	Sandoval Ortiz Y Pino, Komadina	Appropriation	\$250,000
Memorial to continue Task Force to End Hunger	B. Lujan	Memorial	
Increase funding for homeless services by 33% per year for three years	Papen	Appropriation	\$ 300,000 (first year)
			<b>\$18,440,000</b>
<b>Women's Health &amp; Safety</b>			
Memorial to support comprehensive sex education and funding	Garcia	Memorial	
Domestic violence programming for children in schools	Vaughn, Picraux Lopez	Appropriation	\$500,000
			<b>\$500,000</b>
<b>UNM</b>			
Combined degree program (BS/MD)	Picraux Beffort, Komadina, Feldman	Appropriation	\$800,000
UNM/NMSU cooperative pharmacy program	Heaton Papen	Appropriation	\$387,600
Office of the Medical Examiner	Picraux	Appropriation	\$660,000

REQUEST	SPONSORS	TYPE OF REQUEST	APPROPRIATION
NM Poison and Drug Control Center	Lopez	Appropriation	\$112,000
Nursing expansion (already shown)	already assigned	Appropriation	\$300,000 (already counted)
Out of County Indigent fund	Sandoval, Picraux, Saavedra Beffort, Feldman (LFC members)	Appropriation	unknown
			<b>\$1,959,600</b>
			<b>\$129,236,750</b>